

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09380015

FILING DATE

02-09-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				/
2		/					52	/					/
3		/					53		/				/
4		/					54		/				/
5		/					55		/				/
6		/					56		/				/
7		/					57		/				/
8		/					58		/				/
9		/					59		/				/
10		/					60		/				/
11		/					61		/				/
12		/					62		/				/
13		/					63		/				/
14		/					64		/				/
15		/					65		/				/
16	/						66		/				/
17		/					67		/				/
18		/					68		/				/
19		/					69		/				/
20		/					70		/				/
21		/					71		/				/
22		/					72		/				/
23		/					73	/					/
24		/					74		/				/
25		/					75		/				/
26		/					76		/				/
27		/					77		/				/
28		/					78		/				/
29		/					79		/				/
30		/					80		/				/
31		/					81		/				/
32		/					82		/				/
33		/					83		/				/
34		/					84		/				/
35		/					85		/				/
36		/					86		/				/
37	/						87		/				/
38		/					88	/					/
39		/					89		/				/
40		/					90		/				/
41		/					91		/				/
42		/					92		/				/
43		/					93		/				/
44		/					94		/				/
45		/					95		/				/
46		/					96		/				/
47		/					97		/				/
48		/					98		/				/
49		/					99		/				/
50		/					100		/				/
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	101						TOTAL DEP.						
TOTAL CLAIMS	107						TOTAL CLAIMS						